

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90028 004 \*\*\*150.00

**DOCUMENT # P03000130774**

1. Entity Name  
**BROTHER FOR BROTHER ROOFING, INC.**



Principal Place of Business Mailing Address  
**543 RED MANGROVE LANE 10912 N. 56TH ST.**  
**APOLLO BEACH, FL 33572 TEMPLE TERRACE, FL 33617-3004**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**5515 HILLSBOROUGH STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
**Wimauma, FL**  
Zip Country Zip Country  
**33598 USA**

04092008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
**56-2414777** Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CABLE, MICHAEL J**  
**543 RED MANGROVE LANE**  
**APOLLO BEACH, FL 33572**

## 7. Name and Address of New Registered Agent

Name **SHARON SIMICICH**

Street Address (P.O. Box Number is Not Acceptable)

**10912 N. 56th STREET**

City **Temple Terrace** FL Zip Code **33617-3004**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME **CABLE, MICHAEL J**  
STREET ADDRESS **543 RED MANGROVE LANE**  
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-08**

Date

**813-980-2817**

Daytime Phone #